

<b>Case Number:</b>	CM15-0182234		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/17/1997
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old female with a date of injury on 5-17-97. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knees. Medical records (8-26-15) indicate continued difficulty with right knee. She is recovering from left knee surgery. She uses a cane or walker to ambulate and has difficulty with standing and walking. Her electric recliner is not working. X-rays obtained of right knee show bone on bone and MRI reveals medial articular surface loss and meniscus injury on the right knee. She reports she is not doing any chores; she has limitation with squatting, kneeling, stairs, ramps, inclines and hills. She has a large TENS unit with four pads but does not have a conductive garment. Upon exam, she has tenderness along the knee, McMurray test is positive, extension is 180 and flexion is 90. Work status noted as sedentary type work. Treatment found within medical records given has included: medications, crutches, front wheel walker, physical therapy, and surgery. Request for authorization dated 8-19-15 is for an electric scooter and conductive garment for TENS unit. Utilization review dated 8-25-15 non-certified both requests.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Electric scooter per 8/19/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Power mobility devices (PMDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 1997 and continues to be treated for knee pain. When seen, she was recovering from left knee surgery. She was using a cane and/or a walker. X-rays of the right knee had shown advanced osteoarthritis and she was considering a right knee replacement. When seen, the assessment references the claimant's electric recliner as not working. She had access to of large TENS unit with four leads but did not have a conductive garment. Physical examination findings included knee tenderness with positive McMurray's testing and decreased knee flexion. There was no knee instability. Authorization was requested for medications, an electric scooter, and a conductive garment. A power mobility device such as a scooter is not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or the patient has sufficient upper extremity function to propel a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the claimant is able to ambulate with a cane or walker and the information provided does not confirm that the mobility deficit cannot be resolved through the use of an optimally configured manual wheelchair if needed. A scooter is not medically necessary.

**Conductive garment for TENS unit per 8/19/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 1997 and continues to be treated for knee pain. When seen, she was recovering from left knee surgery. She was using a cane and/or a walker. X-rays of the right knee had shown advanced osteoarthritis and she was considering a right knee replacement. When seen, the assessment references the claimant's electric recliner as not working. She had access to of large TENS unit with four leads but did not have a conductive garment. Physical examination findings included knee tenderness with positive McMurray's testing and decreased knee flexion. There was no knee instability. Authorization was requested for medications, an electric scooter, and a conductive garment. A conductive garment would require documentation that there is such a large that requires stimulation that a conventional system cannot accommodate the treatment or that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, the claimant already has a four lead unit. A unit would be provided only if it had been of benefit during a trial period of use and a conductive garment has not previously been required. The request is not medically necessary.

